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ABSTRACT

In the first part of this paper, training models and procedures of alcohol and drug counselors at paraprofessional levels are compared and elaborated. Findings from a review of more than 120 different training programs throughout the United States reveal that none of these programs are designed specifically to train behaviorally-oriented drug and alcohol counselors, and only a few training facilities include a behavior course in their curriculum. Some of the difficulties and advantages of short-term training of behaviorally-oriented workers are discussed. The second part of the paper describes behaviorally-oriented, paraprofessional drug counselor training procedures developed by the author in a community college setting. Information on evaluation procedures and curriculum design is included, as is a list of suggested readings. (Author)

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# TRAINING BEHAVIORALLY ORIENTED PARAPROFESSIONAL ALCOHOL AND DRUG COUNSELORS: A REVIEW OF TRAINING MODELS, PROCEDURES, AND THEIR EFFECTIVENESS

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# Training Behaviorally Oriented Paraprofessional Alcohol and Drug Counselors: A Review of Training Models, Procedures, and Their Effectiveness

## INTRODUCTION

Training paraprofessional alcohol and drug counselors has a long history in the United States. At one time the training of alcohol and drug counselors was separated. In recent years, there seems to be a trend to provide training which combines treatment of alcoholics and addicts (Perlman, 1972). There are also many similarities between the trainees' background and training procedures. For the alcohol counselor training components, a great number of counselors at this level are recovered alcoholics. Similarly, many of the drug counselors at the paraprofessional level in the early 1970's were ex-addicts. Training procedures ranged from the noncredit college workshop type of training to the Associate of Arts degree program (Drag and Drucker 1972, Yen, 1976). The duration of training also differed greatly; some of them were conducted in 3 or 4 days, and others involved more elaborate comprehensive training schedules (Skuja, et al, 1975).

A review of information on more than 120 different alcohol counselor training programs showed, surprisingly, that none of the reported training programs were designed specifically to train behaviorally oriented alcohol counselors, and only a few training facilities reported that they included a behavior therapy course in the curriculum (Gideon, 1975). The only

reported comprehensive training program which was designed to train community based paraprofessionals as behavior therapists with families of alcohol abusing adolescents was discussed by Teicher, et al, 1975. Similarly, behaviorally oriented training programs for drug counselors at the paraprofessional level were also rare. A review of National Institute on Drug Abuse National Training System (1977) also revealed that currently there is only one reported program designed to train behaviorally oriented drug counselors (Yen, 1977). It is quite conceivable that there are many partial or total behaviorally oriented training programs which were not reported. For example, Boudin, 1976 has developed a comprehensive volunteer drug counselor training program. Equally, it is also quite possible that sufficient effort is yet to be put forth in developing such needed training programs.

As a whole, training behaviorally oriented paraprofessional mental health workers has been an unseparable component of the behavior modification movement (Bacon and Malott, 1976, Whaley and Glenn, 1976). It was best summarized by Sapnos and Barber, 1976:

> Behavior modification research has demonstrated quite conclusively that one does not need a professional degree in education or psychology in order to teach a child new skills. This demonstration is significant in that it provides a rationale and justification for the extensive use of paraprofessionals.

With little available information, this paper will focus on describing the training strategies developed by Teicher, et al, 1976 and Yen, 1976. Additionally, future trends will be also elaborated on.

In a carefully designed training program, Teicher, et al, 1976, selected 10 trainees of both sexes who represented Mexican-American and Black minorities. They were trained as a group for a period of six months (two to six hours per week). Contents of the training included principles of behavior therapy, social learning theory principles and practices, and other related materials. Upon the completion of basic training manuals and didactic sessions, the trainees would also learn the following treatment tasks under supervision: behavior assessment and contingency contract procedures. Pretest and post-test evaluative methods were implemented to evaluate the effectiveness of training.

In the discussion segment of presentation, the authors outlined some of the training difficulties (or factors) which contributed to the loss of paraprofessionals. These deserve special attention. They are: differential capacity to assimilate the principles of learning and methods of behavior therapy, differential ability to maintain this highly systematic approach to treatment (i.e., maintaining a schedule for the time of study and keeping notes, graphs, etc.), competition among the trainees was such that a few paraprofessionals showed substantially more motivation and success, and, finally, the initial agreement for participation in the program was too informal.

Another highly unique aspect of this training model is that the trainees learned how behavioral (contracting) techniques were accepted and or rejected by various minority groups. This finding itself is very significant.

In summary, the authors felt that with the specificity of behavioral contracting methods, useful and concrete tools were provided that paraprofessionals are capable of learning and applying.

The above described alcohol counselor training programs represent perhaps one of the more well designed, short-term training models and procedures.

During the past four years, with the support of a NIDA training grant, this author has developed a behaviorally oriented paraprofessional drug counselor training program at a community college level. According to the catalog description:

> ... the training objectives for those students in the program consist of an overview of national and local drug abuse problems and treatment methods, the application of behavioral counseling techniques to addiction treatment, individual and group behavioral counseling techniques and methods of preventing drug abuse behavior. It should be noted that the training program provides a variety of training/treatment modalities ranging from the psychodynamic view to the Carkhuff models.

Since the training contents are self-explanatory, I would like to concentrate my discussion on the following issues: the development of the training model, training procedures and the difficulties encountered, and methods of evaluation.

TRAINING MODEL: The program was designed to familiarize the trainees with behavior modification techniques which are based upon operant conditioning principles. Behavior treatment procedures derived from classical conditioning was only introduced in the class literature, and the students were not expected to familiarize themselves to such an extent that they could use them. There are several reasons why classical conditioning techniques were omitted from the training; first, the requirement

of equipment is relatively costly, and second, opportunities for the trainees to practice such procedures upon completion of the training are limited. Within the general framework of behavior modification, the training emphasizes the significance of data collection techniques, experimental design and program evaluation. There are several logical considerations for such emphasis. Since the trainees are likely to work in a non-behaviorally oriented setting, data collection skills will help them to introduce (organize) a behaviorally oriented treatment program. With a great number of graduates competing for few available positions, the information and knowledge of program evaluation will increase their possibility for employment.

In addition to the training on behavior modification techniques, increased attention, during the past several years, has been given to other behaviorally acceptable cognitive counseling techniques. Ellis' emotive behavioral counseling techniques have been introduced, discussed and re-discussed.

Another training consideration was the trainees' "personality variable". While there is nothing wrong with a person who intends to become a drug counselor because of personal tragedy or other personal reasons, the program feels that such a reason, per se, would be insufficient to motivate the individual to complete the demanding training. Further, the risks of losing training time and money are too great to be ignored. However, I have absolutely no intention to either develop a drug counselor personality inventory or to administer one, if such an inventory is available. The issue remains a very serious one. Our data

has clearly indicated that for those students who enter the program and select personal reasons as the sole reason for wanting to become a drug counselor, are twice as likely to drop out from the program. Of course, the combination of a personal drug related tragedy plus professional aspiration would present another different story. There are, indeed, other personality issues which we must consider, such as the individuals who are extremely under-assertive and may well have difficulties in working with aggressive clients. For those students, then, some assertive training opportunities will be provided for them. On the other hand, the training program cannot afford to offer therapeutically oriented counseling services to the students.

Finally, although the program focuses its training strategy upon operant conditioning techniques, the students are urged to explore other various treatment approaches and orientations. Through my own training experiences, I have seen that there is a real danger for beginning counselors to tend to follow one treatment model to the letter of the word, and ignore entirely the strengths of other treatment theoretical and practical procedures.

From what I have briefly stated above, the behavioral objectives of the training perhaps can be best described as an attempt to train drug counselors, who have minimal personal problems, with behavioral counseling and evaluative skills. At the same time, they are not told to totally ignore the beneficial counseling procedures from other schools of thought.

TRAINING PROCEDURES AND DIFFICULTIES ENCOUNTERED: Potential students are screened by two independent staff members. Since the college regulations stipulate that no student should be denied admission for any particular training program, the screening procedures are designed to pin point the strengths and the weaknesses of a trainee. Once a student is admitted to the program, the individual is required by the project to sign four contingency contracts, one for each semester, with the project director. During the first contract period, academic requirements are stressed; students must attempt to keep a "B" average. Personal requirements are also important. Students must avoid using any illegal drugs. The second contract is aimed to shape their professional behavior in an academic setting; this includes such items as attending class regularly, not cutting classes, etc. In the third contract, they are asked to use behavior modification techniques on themselves; this includes collecting data on their own undesirable behavior (such as overeating or smoking), and then designing a program which weakens such an undesirable behavior. The fourth and final contract deals primarily with their summer practicum behavior. This contract is usually signed in conjunction with the supervisor from a practicum setting. The contract strategically deals with their practicum behavior and includes such behaviors as reporting to the job on time, performing assigned tasks, writing technical reports, etc.

A standard reinforcing system was also designed to execute the contracts. For the first three contracts, the reinforcers are: favorable consideration for a scholarship, letters of congratulations from the coordinator of the project, and autographed copies of articles from this author. The reinforcers

for the final semester are letters of recommendation and personal telephone calls to the potential employers. Since no deposits can be required, the punishment procedures have to be limited by contingent withdrawal rather than contingent stimulation.

Each trainee must receive 48 hours instruction on introduction to behavior modification, 48 hours on behavioral counseling with drug addictions, 48 hours on introduction to drug addiction, and 240 hours of actual practicum. For the first three courses, an attempt has been made to limit formal lectures to one third of total instructional time, 1/3 for films and stimulating discussions, and the final 1/3 for program (both individual and group) designs. Whenever possible, visual feedback systems are utilized.

Several problems, which we have encountered throughout the years, deserve special attention. First of all, while we have no problems in selecting an excellent textbook for the course on introduction to behavior modification, there are no standard texts for the course on behavioral counseling with drug addicts. By virtue of the fact that no textbook is available for the second course, the project must rely on articles. This, to some extent, may reinforce the students reading of professional journals, and at the same time, it is an extremely time consuming task for the instructors. In part, this lack of textbooks on behavioral counseling techniques with drug addictions may well retard, to a great extent, the progress of training behaviorally oriented training programs.

Another difficulty which we frequently encountered was the lack of proper practicum placement. Even though the Baltimore, Maryland area has several outstanding behaviorally oriented drug and alcoholic treatment

facilities, the placement of 10 to 12 students per summer created many managerial difficulties. The treatment facilities simply cannot handle all of them. At the present time, we are using other youth treatment facilities, since most of these centers are dealing to some extent with drug and excessive drinking related behaviors.

METHODS OF EVALUATION: Several evaluation procedures were introduced during the first year of operation, and since then, several modifications have been made. The following represents the current evaluation methods: (1) Pre- and post-tests for all three courses mentioned above. (2) Academic Proficiency Evaluation (APE). In this component of evaluation, we are not only interested in determining academic progress of the trainees, but, also, the general, academically associated behaviors, such as attending class regularly, etc. (3) Practicum Behavior Evaluation (PBE). In this component, we are interested to learn the students' counseling skills and other program related behaviors, such as report writing, program design ability, etc. (4) Training Efficiency Evaluation (TEE). This evaluation compared the training effectiveness of a drug counselor at the paraprofessional level with those drug counselors who have graduated from a four-year college and/or a graduate school. The comparison was based on several criteria, and they are: individual case strategy planning, counseling skills, and technical report writing. Samples (written information and taped counseling sessions) of our trainees work during their first year of employment were matched with work completed by the individuals from four-year colleges and/or graduate schools. They were blind-folded and were rated by three different raters from independent agencies.

The students who graduated from this training program were rated higher in the case strategy planning categories than the subjects who received training from four-year colleges and/or graduate schools. Further more, there were no significant differences between the students from this project and the others in the other two categories. This, perhaps, should come as no surprise to the participants, since the students from the drug counselor project at Essex College received intensive training in the areas of behavioral principles and strategy planning.

Another evaluation scale which the project adopted was the Follow-up Evaluation (FUE). This scale was administered to the trainees who graduated from the program and were currently employed. The questionnaire survey was administered towards the end of their first year of working. Basically speaking, the survey was aimed to evaluate the relevancy of instructional information which was given to them during their two years of tra'ning.

Finally, there was a cost-per-trainee evaluation. The attempt was made to establish accountability. The initial data revealed that the total cost-per-trainee is $600.00 for a two-year period.

CONCLUSION: Personally, I really don't feel that I have shared a great deal of information which the participants want. Especially, in this paper, I did not present detailed statistical analyses. On the other hand, I hope that some of the enclosed outline information can stimulate some further developments in the area of training behaviorally oriented paraprofessionals to be both drug and alcohol counselors.

## APPENDIX 1

### DRUG ABUSE COUNSELOR TRAINING PROGRAMS

AT

ESSEX COMMUNITY COLLEGE
BALTIMORE COUNTY, MARYLAND

ESSEX COMMUNITY COLLEGE
BALTIMORE COUNTY, MARYLAND

Under a grant from the National Institute on Drug Abuse, Essex Community College is presently offering two programs for anyone interested in drug counselor training. The first is a two-year program leading to an Associate in Arts Degree in Mental Health with an option in drug abuse counseling. The second is a 19-credit program leading to a certificate in drug counseling.

This is the third year that Essex has been funded by the National Institute on Drug Abuse for its innovative drug counselor training program.

The purpose of the specialized training is to prepare persons for work in community drug treatment centers dealing with a variety of drug related problems. The difference between the programs is that the certificate program will have an in-service aspect, attracting people already employed in drug detoxification centers who probably are not interested in the broader approach leading to the Associate in Arts Degree.

The training objectives for students in either program consist of an overview of national and local drug abuse problems and treatment methods, the application of behavioral counseling techniques to addiction treatment, individual and group behavioral counseling techniques and methods of preventing drug abuse behavior. It should be noted that the training program provides a variety of training/treatment modalities ranging from psychodynamic view to the Carkhuff models. Thus, students have an opportunity to explore a number of approaches.

ASSOCIATE IN ARTS DEGREE: (Students in the A.A. degree program register for approximately 65 credits including such courses as:*

| COURSE CODE NO. | COURSE TITLE | CREDIT HOURS |
|---|---|---|
| MH 101 | Introduction to Mental Health | 3 |
| MH 102 | Fieldwork in Mental Health | 4 |
| MH 103 | Principles and Techniques of Counseling | 3 |
| PSYCH 189 | Group Dynamics | 3 |
| PSYCH 201 | Behavior Modification | 3 |
| PSYCH 208 | Introduction to Abnormal Psychology | 3 |
| MH 110 | Introduction to Drug Addiction and Treatment | 3 |
| MH 111 | Behavioral Counseling in Drug Abuse and Related Problems | 2 |
| MH 112 | Seminar on Drug Addiction Problems | 1 |
| MH 201 202 | Directed Practice in Mental Health | 10 |
| MH 210 | Drug Counselor Summer Practicum | 4 |

*Plus completion of all general education courses, electives, and other courses needed to fulfill Mental Health Associate requirements.

CERTIFICATE PROGRAM: (required courses)*

| COURSE CODE NO. | COURSE TITLE | CREDIT HOURS |
|---|---|---|
| MH 101 | Introduction to Mental Health | 3 |
| MH 103 | Principles and Techniques of Counseling | 3 |
| PSYCH 201 | Behavior Modification | 3 |
| MH 110 | Introduction to Drug Addiction and Treatment | 3 |
| MH 111 | Behavioral Counseling in Drug Abuse and Related Problems | 2 |
| MH 112 | Seminar on Drug Addiction Problems | 1 |
| MH 210 | Drug Counselor Summer Practicum | 4 |

*Most courses are offered in the evening as a convenience to students with full time jobs. People who are currently working as drug counselors are encouraged to apply.

This program is subject to change.

DESCRIPTION OF SPECIFIC REQUIRED COURSES IN EITHER PROGRAM:

*INTRODUCTION TO MENTAL HEALTH:* This course presents an historical review of attitudes toward mental illness, reviews the roles and functions of professionals working with the mentally ill, studies the various treatment procedures used in the mental health field and investigates the different facilities where treatment is available.

*FIELDWORK IN MENTAL HEALTH:* The principles of interviewing and other diagnostic techniques as applied to social and mental health. Students will spend six hours a week working with patients in a variety of mental health facilities.

*PRINCIPLES AND TECHNIQUES OF COUNSELING:* An introduction to the major theories of counseling along with practice in developing awareness of the dynamics of the interpersonal process as such dynamics pertain to the helping relationship.

*GROUP DYNAMICS:* This course offers a study of the interpersonal behavior of members of a small group. Members of the class will form a small group to look at their own interpersonal styles, roles, and forms of communication and study how these factors are affected by the group process. This experience will be structured by a study of the theory of group process. This experience will be structured by a study of the theory of group dynamics.

*BEHAVIOR MODIFICATION:* The study of procedures to maintain, change, and modify human behavior, based upon learning principles. The course is designed to familiarize the students with the complexity of human behavior and its interaction with the environment, empirical observation and analysis methods, and the basic techniques to control behavior. The knowledge gained from this course is applicable to most professions dealing with human behavior, especially in the areas of child development, education, and mental health.

*INTRODUCTION TO ABNORMAL PSYCHOLOGY:* An introduction to the study of abnormal behavior encompassing: 1. The concept of abnormality and insight into personality disturbances. 2. Changing attitudes toward psychopathology and techniques of psychotherapy. Consideration is given to the roles of the various members of the mental health team in the prevention of disorders, and the analysis and rehabilitation of disturbed individuals, as well as to resources for assistance for the individual with emotional difficulties.

*DRUG ADDICTION AND TREATMENT:* This course is designed to familiarize the Mental Health Associate or other interested students with one of the most disturbing problems of our time -- drug addiction. In addition to the physiological aspects of addiction, the course considers the behavioral approach in interpreting drug intake behavior and in designing treatment programs.

*BEHAVIORAL COUNSELING ON DRUG ABUSE AND RELATED PROBLEMS:* This course is designed for the Mental Health Associate or other student interested in studying drug related issues in depth. In addition to studying drug effects and psychological dependency, the course will furnish individual and group counseling techniques.

*ADVANCE SEMINAR ON DRUG ADDICTION PROBLEMS:* This course is designed for the Mental Health Associate or other student interested in studying drug related issues in depth. Drug issues will be examined basically through a socio-pyschological model although the behavioral model is equally emphasized.

*DIRECTED PRACTICE IN MENTAL HEALTH:* Students are assigned to a variety of mental health facilities in order to gain practical experience under supervision. Students will meet two hours a week on campus in order to discuss and evaluate their experience.

*DRUG COUNSELOR SUMMER PRACTICUM* This course is designed for the Mental Health Associates who are enrolled in the Drug Counselor program only. It is intended to develop in the students, the skills of understanding various therapeutic approaches and related problems in dealing with drug addiction. Use of the operant conditioning model is required to maintain and increase the student's classroom learning experience.

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Interested individuals should either write or call the Drug Abuse Counselor Training Center 682 6000, Ext. 382.

APPENDIX 2

ESSEX COMMUNITY COLLEGE
DIVISION OF SOCIAL SCIENCES

Dr. Sherman Yen
Fall, 1976

## PSYCHOLOGY 201 - BEHAVIOR MODIFICATION

## COURSE OUTLINE

1. A comparison between behavior modification and conventional behavior change.

2. Introduction of applied analysis of behavior and experimental analysis of behavior.

3. Experimental design and data collection.

4. A review of learning paradigm:
   Reinforcers: Primary, secondary, etc.
   Schedule of reinforcement: simple schedules, and compound schedules.
   Deprivation and consistency.

5. Methods of strengthening behavior:
   Modeling
   Shaping
   Fading
   Superstitious behavior
   Negative reinforcement: avoidance and escape behavior.

6. Methods of weakening behavior:
   Simple extinction
   Response Cost
   Time out procedure
   Satiation

7. Special behavior techniques
   Behavior contracting
   Token economy
   Systematic desensitization
   Assertive training

8. Ethical Consideration.

APPENDIX 3

ESSEX COMMUNITY COLLEGE
BALTIMORE COUNTY, MARYLAND 21237

NEW COURSE/CURRICULUM PROPOSAL Class Hrs. 3 hrs/wk

TITLE Behavioral Counseling on Drug Abuse and Related Problems CREDITS 3

COURSE NUMBER(S) Mental Health 111 DIVISION Allied and Mental Health

INITIATOR(S) Sherman Yen, Ph.D.

PROPOSED DATE OF IMPLEMENTION Spring 1974

CATALOG DESCRIPTION:

This course is designed for the Mental Health Associate or other student interested in studying drug related issues in depth. In addition to studying drug effects and psychological dependency, the course will furnish individual and group counseling techniques.

PREQUISITE(S) Introduction to Drug Addiction and Treatment (MH 110) and/or permission of the instructor

OBJECTIVES OF COURSE(S):

The objectives of this course are:

(1) To provide the understanding of the drug effects on individuals and the family in terms of psychological dependency, abuse and likelihood.
(2) To discuss the relationship between drug abuse/addiction and behavioral/emotional difficulties with the emphasis on youth population.
(3) To provide basic information on experimental functional analysis of social behavior.
(4) To furnish individual counseling techniques and basic behavioral management principles with drug addicts.
(5) To discuss group counseling techniques with the stress on the topics of behavior in small group functions.
(6) To become familiar with various counseling strategy planning with drug addiction population.
(7) To introduce drug prevention techniques.

FUNCTION IN THE COLLEGE PROGRAM:

RELATIONSHIP TO OTHER COURSES, MAJORS, CAREER CURRICULUMS:

This course is one of four new courses that are part of an option to become drug abuse counselors now available to our Mental Health Associate students. Six to eight students per year will receive special training in drug abuse counseling in addition to other courses in the Mental Health program. The course should be of equal interest to other students in the college majoring in the behavioral sciences. In addition, the course is designed to provide useful information and techniques to those already employed as drug abuse counselors.

EVIDENCE OF STUDENT DEMAND AND EXPRESSION:

To date, 25 persons working in the drug abuse field have expressed interest in enrolling for this course. These persons have been interviewed by the program director after contacting the College in response to newspaper articles and direct mailings to drug abuse centers.

EVIDENCE OF DEMAND FROM FOUR-YEAR INSTITUTIONS:

Attached are responses to inquiries about transferability of this course. The transferability data was collected before publication of new Academic Council procedures and does not include responses from all the four-year institutions listed in those procedures. Additional requests for transferability data will be made in the near future.

STATE EDUCATIONAL REQUIREMENTS:

The course is basically a three-credit lecture course. Educational requirements include:

a. reading assignments from current periodical literature
b. completion of selected readings from textbooks
c. 3 hour-long examinations
d. writing a relevant term paper

EVIDENCE OF DEMONSTRATED NEED FROM THE COMMUNITY:

The course is part of a grant form the National Institute of Mental Health. The grant proposal was developed in cooperation with numerous state and local drug abuse agencies. In addition, a community-oriented drug abuse workshop was held on campus in June 1973. Literature about the project has been forwarded to all officially recognized drug abuse agencies in the metropolitan area, and response to our material has been extremely enthusiastic.

LONG RANGE DIVISION DEVELOPMENT:

The drug abuse option in the Mental Health Associate Program is one of the options which the division has developed.

NECESSARY FACILITIES AND EQUIPMENT: Classroom space only.

SPECIAL STAFFING REQUIREMENTS: Part-time instructional personnel and consultants covered by N.I.M.H. grant

PROPOSED CLASS SIZE: 30

## COURSE OUTLINE

1. An overview of drug abuse and treatment programs.

2. Effects of drugs on behavior.

3. Basic concepts in increasing, maintaining, and decreasing the strength of behavior.

4. Strategies in counseling for behavior change: Assessment, behavioral analysis, counseling strategies.

5. Introduction of behavioral drug counseling techniques in the natural environment.

6. Introduction of group behavioral counseling techniques.

7. Special behavioral counseling techniques:

   a. Behavioral techniques as an alternative to methadone maintenance

   b. Procedures of setting up a community based behavioral treatment program for addicted.

8. Drug abuse among the youth population: antecedents and consequences.

9. Drug prevention: A behavioral approach.

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3. Other drug treatment related articles.

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